



# Information Memorandum

Oregon Department of Human Services

Originating Cluster:

**Seniors and People with Disabilities**

Authorized by: Anan Mallard

*Signature*

IM Number: **SPD-IM-03-122**

Date: December 31, 2003

**Subject: Prevention, Health and Wellness Information**

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees                   | <input checked="" type="checkbox"/> County DD Program Managers           |
| <input checked="" type="checkbox"/> Area Agencies on Aging   | <input type="checkbox"/> County Mental Health Directors                  |
| <input type="checkbox"/> Children Adults and Families        | <input type="checkbox"/> Health Services                                 |
| <input checked="" type="checkbox"/> Community Human Services | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Other (please specify): _____       |  |

**Message:**

The purpose of this information memo is to inform Area Agencies on Aging, local SPD offices, and interested partners about upcoming events and resources pertaining to maintaining and improving the health and wellness of the senior and people with disabilities populations. ***Please pass this information onto clients, case managers, providers, contract RNs and community partners.*** If you have information you would like included in this memorandum in the future, please contact Pamela Ruona. Key subjects contained in this I.M.

- Oregon Adult Immunization Coalition Meeting Date, Time and Place.
- The latest on the flu vaccine.
- The reopening of the Oregon Quit Line.
- Information on chronic disease prevention and management.
- A description of the AHRQ Medication Safety Challenge Grant.
- A brief description of the State Physical Activity and Nutrition Grant.
- Recent research on falls by elderly women.

## Upcoming Events

### **Oregon Adult Immunization Coalition Meeting**

**Monday, January 5, 2004**

Portland State Office Building

800 NE Oregon St., Portland, OR

*(Program Managers or designated staff can attend.)*

### **Oregon Diabetes Coalition's Annual Meeting**

**Friday, May 21, 2004**

Wilsonville Conference Center

Holiday Inn

## General Information

### **Flu Season Is Upon Us and Earlier Than Usual**

#### ***Influenza Update: Vaccine Supply***

The Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) has purchased 375,000 additional doses of flu vaccine. The vaccine should arrive in January. HHS had negotiated a contract for 3 million doses of FluMist that state and local health departments can purchase if needed. The FluMist is available immediately.

HHS recommends the following steps for the public to prevent the spread of the flu:

- **Clean your hands frequently with soap and warm water.**
- If you have the flu or any cold, try not to infect others. **Cover your nose and mouth when you cough and sneeze**, and promptly discard used facial tissues. **Refrain from visiting a nursing home if you have flu like symptoms.**
- **If you are ill, stay home** from work or school until you recover.

For more information please visit: <http://www.cdc.gov/flu/>.

## Guidelines for Using the Remaining Vaccine

The CDC issued a framework for prioritized use of remaining vaccine in the [December 11, 2003 MMWR](#). A review of the proposed tiers are as follows:

### Tier 1

- Persons age 65 and older
- Healthy children 6 - 23 months of age
- Persons with medical conditions that place them at high-risk for influenza complications
- Pregnant women in their second or third trimester

### Tier 2

- Close contacts of high-risk individuals, including family members and health care workers.

### Tier 3

- Healthy individuals ages 5 - 49 years are encouraged to be vaccinated with FluMist.

*(Most of the above information was provided from a press release dated December 15, 2003 from the HHS Press Office and from the DHS web site <http://www.ohd.hr.state.or.us/imm/provider/influenza.cfm>.)*

## The Oregon Quit Line Officially Reopened

**December 16th, 2003.**

The Oregon Quit Line provides high quality services to Oregonians who want to stop using tobacco. Your help in letting people know about this service is greatly appreciated.

About twice as many OHP clients smoke as compared to other Oregonians. If OHP clients who smoke are interested in quitting, please encourage them to call this line to receive **FREE** assistance to help them quit. Also let health care providers know they can refer their patients to this service.

The numbers to call are:

**1-877-270-STOP (7867)**

1-877-2NO FUME (Spanish)

1-877-777-6534 (TTY)

For more information, please contact Judith Van Osdol, OHP Prevention Coordinator, 503-945-

6547, FAX: 503-373-7689, [judith.van-osdol@state.or.us](mailto:judith.van-osdol@state.or.us)

## Tobacco Prevention & Education

The [\*Tobacco Prevention and Education Program Report\*](#): published prior to each legislative session year- describes program results.

[\*Oregon Tobacco Control Status Report\*](#): This (draft) report outlines the state of tobacco control in Oregon, and was created for a statewide tobacco control planning process that will take place throughout Winter 2003 and Spring 2004.

### **Did You Know?**

#### ***Chronic Disease Prevention and Management***

**There is much information available on the DHS web site regarding chronic disease management and prevention. This information includes statewide action plans, community-based prevention and self-management programs as well as the health status of Oregonians. This information is very useful and should be considered when developing local prevention program(s). To access this information you can click on the following web site address: <http://www.ohd.hr.state.or.us/hpcdp/>.**

### **Medication Safety**

#### ***AHRQ Medication Safety Challenge Grant***

The Department of Human Services, Health Services received a challenge grant in which the Oregon Health Care Association and Seniors and People with Disabilities are involved. The Agency for Health Research and Quality has awarded grant funds for the purpose of improving the quality of care provided in long-term care facilities in Oregon. The grant project will include a risk assessment process that can assist the facilities in creating a model for large system changes in the delivery of medications to residents. More specifically, the proposal will accelerate the change process and focus it on the types of systems and human errors most likely to harm patients in long term care, which has received much less attention compared to acute care settings.

This project uses four tools--process mapping, control system mapping, failure modes and effects analysis (FMEA), and socio-technical probabilistic risk assessment (ST-PRA)--to create comprehensive risk assessment models for the most serious types of medication errors (wrong drug, wrong dose, and wrong patient) in long term care facilities. One set of models will address nursing facilities and a second set will focus on community-based care (combining residential care and assisted living into one set). A sample of facilities from across the state will participate in the model building and validation process. Facilitated focus (modeling) groups of frontline staff involved in the medication delivery process will develop the models, anchoring them to "real world" conditions. The models and the recommendations based on them will become the foundation for an active public-private, statewide medication risk management

program focused on sustained risk reduction and learning from errors.

For more information contact Pamela Ruona at (503) 945-6412 or at [pam.ruona@state.or.us](mailto:pam.ruona@state.or.us).

## **State Physical Activity and Nutrition Program Grant to Reduce Obesity and Chronic Diseases**

The Department of Human Services, Health Services, Office of Health Promotion & Chronic Disease Prevention has received a grant of \$450,000 per year for five years. These funds will be used to help communities work to address the problem of obesity and chronic disease. Examples of activities that may be supported include:

- Helping employers develop healthy workplace programs
- Training school district staff to increase students' healthy choices during the school day
- Providing information to transportation and city planners about street designs that promote daily physical activity, and
- Evaluating the success of these strategies

In 2002 obesity cost more than \$90 billion in hospital and medical costs alone in the US, accounting for over 9% of such expenditures, and also caused over 300,000 deaths. Obesity places a large burden on state funds because the rate of severe obesity is 3 times higher among Oregon Health Plan clients compared to the general population. Oregon was the first state on the west coast to have more than 20% of its adults obese, and currently almost 60% of Oregonians are either overweight or obese. A coalition of over 50 partners has been working for five years to create a statewide action plan to address this problem, which was unveiled last February. This grant will allow for implementation of that plan.

## **Falls in Elderly Women Tied to Chronic Disease**

*The following is an excerpt from an article written by Amanda Gardner, a reporter for HealthDay and found at this web site: <http://www.healthfinder.gov/news/newsstory.asp?docID=515254>*

Contrary to prior assumptions, when elderly women fall, it's more likely due to a chronic disease and not to the medications they're taking.

A study appearing in the Sept. 27 issue of the *British Medical Journal* found elderly women with chronic conditions such as arthritis or depression are at a higher risk of falling, and these conditions may account for about a third of falls in this population.

"Previously, polypharmacy [taking multiple medications] has been highlighted as important to falls. The more tablets you take, the more likely you are to fall," says study author Dr. Debbie Lawlor, a senior lecturer in epidemiology at the University of Bristol in Britain. "We found that the disease processes, rather than the drugs, are responsible."

Older people are prone to falls, some of them with devastating consequences, because a number of processes start interfering with their balance. One is peripheral neuropathy, which is when

damage occurs to the peripheral nerves. Vertigo, inner ear disorders and visual disturbances also play a part.

"A number of senses come into play when we talk about why someone falls. Muscle strength is also a critical factor," says Dr. Gerard Varlotta, an associate professor of rehabilitation medicine at New York University/Rusk Institute in New York City. "Those are processes that deteriorate as we get older, and that's why the elderly are more susceptible to falling."

Many medications also cause dizziness or low blood pressure, and it has been thought that these can contribute to falls as well. "What's interesting about this study," Varlotta says, "is the diseases rather than the medications treating them seem to be implicated."

Only two types of drugs, sedatives and antidepressants, were associated with an increased risk of falling; each raised the odds by about 50 percent. In total, 2 percent to 5 percent of all falls happened in people who were taking these medications.

The findings suggest prevention and treatment of chronic disease may be the right strategy for preventing falls. "Primary prevention would be preventing the disease in the first place and then having an awareness that the person is at an increased risk of falling, and trying exercise or rehabilitation programs so they are less likely to fall," Lawlor says.

### **More information**

For more on falling and the elderly, visit this patient page from the [Journal of the American Medical Association](#). The [National Institute on Aging](#) has balance and strength exercises.

If you have any questions about this information, contact:

|             |                       |      |                |
|-------------|-----------------------|------|----------------|
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